



## **Kansas Attorney General**

**Derek Schmidt**

120 SW 10th Avenue, 2nd Floor

Topeka, KS 66612-1597

PHONE: (785) 296-2215 • FAX: (785) 296-6296

[www.ag.ks.gov](http://www.ag.ks.gov)

### **INITIAL APPLICATION**

## **SCRAP METAL DEALER REGISTRATION CERTIFICATE**

### **Instructions for Initial Application**

1. Return completed application with non-refundable registration fee (\$350 for each location) to the listed address. Make checks payable to “Kansas Attorney General.”  
Mail to: Kansas Attorney General’s Office, Attn: Scrap Metal Registration Unit  
120 SW 10th Ave, Topeka, KS 66612.
2. If the applicant is corporation, complete pages 3 and 4 of the application for each manager, officer, or director thereof, and each stockholder owning in the aggregate more than 25% of the stock of the corporation.
3. Provide the following documents for each completed application:
  - a. a copy of each applicant’s current state or federal government-issued photographic identification;
  - b. a copy of the lease for each physical location where the applicant intends to conduct scrap metal business, if applicable;



## **Individual Information:**

If the applicant is a **corporation**, complete pages 3 and 4 for each manager, officer, or director thereof, and each stockholder owning in the aggregate more than 25% of the stock of the corporation. If the applicant is a **partnership** or **limited liability company**, complete pages 3 and 4 for each partner or member.

14: Role with the company: ☐ Owner ☐ President ☐ Officer ☐ Manager ☐ Stock Holder

15: If manager please list the location(s) you manage:

Address	City	State	Zip
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16a. Name: \_\_\_\_\_  
First Middle Last

16b. Previous  
Name(s)/Aliase(s):\* \_\_\_\_\_  
First Middle Last

17. Residential Address: \_\_\_\_\_  
Street City State Zip

18. Check one: ☐ I have resided within Kansas for previous 10 years

☐ I have not resided within Kansas previous 10 years\*

\* If you marked the second box, list all addresses where you resided outside of Kansas during the previous 10 years. Use addendum page if necessary:

Street	City	State	Zip
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19. Telephone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Residence Cell

20. Email: \_\_\_\_\_

21. Alternate Email: \_\_\_\_\_

22. Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

23. Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

24. Has the applicant, within 10 years immediately preceding the date of filing, pled guilty to, entered into a diversion agreement for, been convicted of, released from incarceration for or released from probation or parole for any criminal offense in Kansas or any other place? If yes, indicate the nature of the offense upon which a conviction was imposed.

☐ No    ☐ Yes

Date of Conviction	Court	Offense

*Use addendum pages if necessary*

Applicant, by signing below, hereby declares under oath that this application, related forms, and all supplemental materials submitted herewith, and all information contained therein, are true and correct. By submitting this application and signing below, I declare (or verify, certify or state) under penalty of perjury that the foregoing is true and correct.

- Applicant is a citizen of the United States of America.
- Applicant desires registration under the Scrap Metal Theft Reduction Act.
- Applicant agrees to fully comply with the Scrap Metal Theft Reduction Act.
- Applicant agrees to fully comply with all Federal and Kansas laws and local ordinances.
- Applicant and entity seeking registration, if a non-resident and/or foreign corporation, agree that the filing of this application appoints the Kansas Secretary of State as the legal agent for service or process.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

[illegible]